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 1092 U.S. PTO  
 09/770939  
 01/25/01

Please type a plus sign (+) inside this box [+]

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY PATENT APPLICATION TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 5366P002

(maximum 12 characters)

First Named Inventor Michael B. Wittig

Title: AN ELECTRIC MOTOR

Express Mail Label No. EL627471512US

10925 U.S. PTO  
09/770939  
01/25/01

ADDRESS TO: Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, D. C. 20231

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.   X   **Fee Transmittal Form (e.g., PTO/SB/17)**  
 (Submit an original, and a duplicate for fee processing)
2.        **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3.   X   **Specification (Total Pages   32  )**  
 (preferred arrangement set forth below)  
 - Descriptive Title of the Invention  
 - Cross Reference to Related Applications  
 - Statement Regarding Fed sponsored R & D  
 - Reference sequence listing, a table,  
   or a computer program listing appendix  
 - Background of the Invention  
 - Brief Summary of the Invention  
 - Brief Description of the Drawings (if filed)  
 - Detailed Description  
 - Claim(s)  
 - Abstract of the Disclosure
4.   X   **Drawings(s) (35 USC 113) (Total Sheets   6  )**
5.   X   **Oath or Declaration (Total Pages   5  )**
  - a.        Newly Executed (Original or Copy)
  - b.        Copy from a Prior Application (37 CFR 1.63(d))  
 (for Continuation/Divisional with Box 17 completed)
    - i.        DELETIONS OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
  - c.   X   Unsigned.
6.        **Application Data Sheet. (37 CFR 1.76)**
7.        CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8.        Nucleotide and/or Amino Acid Sequence Submission  
 (if applicable, all necessary)
  - a.        Computer Readable Form (CRF)
  - b.        Specification Sequence Listing on
    - i.        CD-ROM or CD-R (2 copies), or
    - ii.        paper
  - c.        Statement verifying identity of above copies

11/28/00

- 1 -

1. Demographic Data	
Age (mean)	25.5
Gender (Male/Female)	12/8
Education (High School/College/Graduate)	5/10/3
Occupation (Student/Worker/Unemployed)	10/10/0
Marital Status (Single/Married/Divorced)	15/0/0
Religious Affiliation (Christian/Jewish/Muslim)	15/0/0
Political Affiliation (Democrat/Republican/Independent)	10/5/0
Income (Low/Medium/High)	5/10/0
Health Status (Good/Fair/Poor)	12/3/0
Smoking Status (Smoker/Non-Smoker)	5/10
Alcohol Consumption (Frequent/Occasional/None)	5/10/0
Exercise Frequency (Daily/Weekly/Monthly/None)	10/5/0
Stress Level (Low/Medium/High)	5/10/0
Family Size (1/2/3/4/5+)	5/5/5/5/0
Urban/Rural Residence	10/5
Time of Day (Morning/Afternoon/Evening)	5/5/5
Season (Spring/Summer/Autumn/Winter)	4/4/4/3
Weather (Sunny/Cloudy/Rainy/Snowy)	5/5/5/5
Time of Year (January/February/March/April/May/June/July/August/September/October/November/December)	1/1/1/1/1/1/1/1/1/1/1/1
Day of Week (Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday)	2/2/2/2/2/2/2
Month (January/February/March/April/May/June/July/August/September/October/November/December)	1/1/1/1/1/1/1/1/1/1/1/1
Year (2010/2011/2012/2013/2014/2015/2016/2017/2018/2019/2020)	1/1/1/1/1/1/1/1/1/1/1
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Month (January/February/March/April/May/June/July/August/September/October/November/December)	1/1/1/1/1/1/1/1/1/1/1/1
Year (2010/2011/2012/2013/2014/2015/2016/2017/2018/2019/2020)	1/1

- 18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

**For CONTINUATION AND DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18B. Statement under 37 C.F.R. 3.75(b) for continuing application. \_\_\_\_\_ (name of assignee) is the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an assignment recorded in the Patent and Trademark Office at Reel No. \_\_\_\_\_ Frame No. \_\_\_\_\_ (or a copy of which is attached).

Signature: M. W. De Krom Date: 1/25/2001

**FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$) 710.00

## Complete if Known:

Application No. Not Yet Assigned  
 Filing Date Herewith  
 First Named Inventor Michael B. Wittig  
 Group Art Unit Not Yet Assigned  
 Examiner Name Not Yet Assigned  
 Attorney Docket No. 5366P002

**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666  
 Deposit Account Name \_\_\_\_\_

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check  
☐ Credit Card  
☐ Money Order  
☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
101	710	201	355	Utility application filing fee	<u>710.00</u>
106	320	206	160	Design application filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional application filing fee	_____

SUBTOTAL (1) \$ 710.00**2. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	<u>13</u>	- 20** = <u>0</u>	X _____	= <u>0</u>
Independent Claims	<u>2</u>	- 3** = <u>0</u>	X _____	= <u>0</u>
Multiple Dependent			_____	= _____

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0

# FEE CALCULATION (continued)

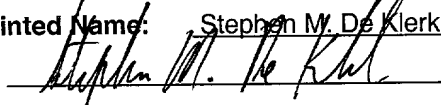
## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (3) \$ 0

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY:

Typed or Printed Name: Stephen M. De Klerk  
 Signature:  Date: 1/25/2001  
 Reg. Number: 46,503 Telephone Number: 408-720-8300

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.